

QB Online COBRA User Guide

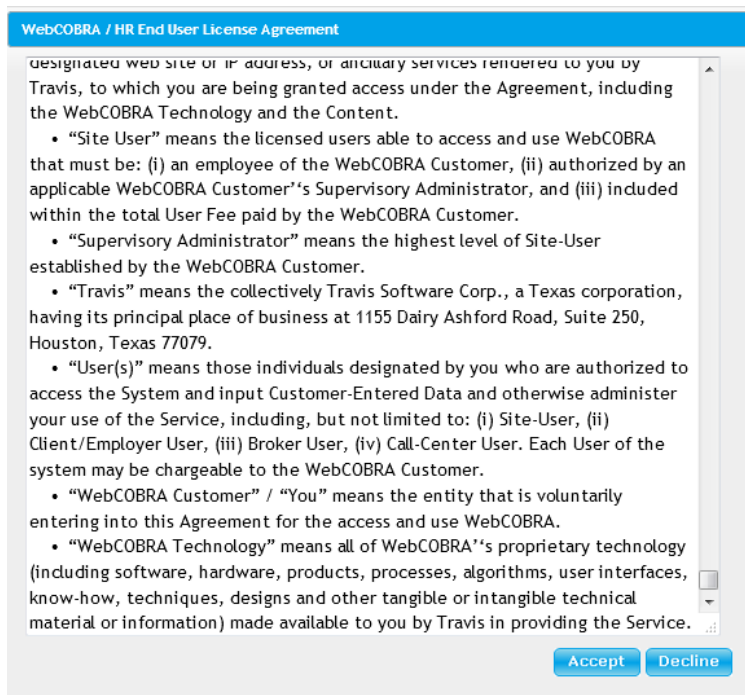
Your online COBRA experience will allow you to do the following tasks:

- Edit Certain Demographic Details
- Update Address
- Enroll onto COBRA and complete COBRA Open Enrollment
- Make Payments
- View Payments
- View letters and correspondence
- Get updates
- Enroll into email correspondence – email us at COBRA@bbpadmin.com to let us know you want emails from BBP Admin COBRA!

Your User ID and Password will be found in your COBRA election paperwork. You can also request it by sending an e-mail to COBRA@bbpadmin.com – including your name and former employer. Your user id will be sent to you from COBRA@bbpadmin.com and you will then get an e-mail from TCOBRA with the password reset.

Go to: <https://bbp.webcobra.com/>


Upon logging in, you will have to accept the terms of service:



Click Accept to continue.

Announcements:

▼ Announcements (1) View All



OFFICE CLOSED IN OBSERVANCE OF LABOR DAY ✕

08/14/2019 10:48 AM

In observance of Labor Day, our office will be closed Monday, September 2nd, 2019. We will resume normal business hours on Tuesday, September 3rd. Happy Labor Day!

All announcements are available at the top of the screen.

Homepage:



Ruth, Babe

PQB

Current Status:	Notified Awaiting Response	Qualifying Event Date:	08/26/2019	Paid Through Date:	N/A
SSN:	487-87-9525	First Day after Loss of Coverage:	09/01/2019	Current Balance:	\$0.00
PQB ID:	487879525	Enrollment Period End Date:	10/30/2019	Typical Monthly Premium:	\$659.94
Department:	N/A	Last Payment Date:	N/A	Last Payment Amount:	N/A
Event:	Termination	First Possible Term Reason:	Non-Commencement Coverage End Date:	02/28/2021	

[Details](#) [Contact](#) [Event](#) [History](#) [Online Election](#)

PQB Detail

PQB Relationship:	Former Employee	PQB ID:	487879525
Department Name:		SSN:	487-87-9525
Event Date:	8/26/2019	Date of Birth:	1/1/1990 (29)
First Day After Loss of Coverage:	9/1/2019	Scheduled Continuation End:	2/28/2021
Employee ID	487879525	Suffix:	
Gender:	Male	Title:	Mr.
Hire Date:		Annual Salary (Required for Life Insurance, AD&D and Disability) :	
Years of Service:		Leave of Absense Return Date:	
PIN			

Enrollment Detail

Enrollment Ends:	10/30/2019	Minimum Due to Enroll:	\$659.94
Days Left to Enroll:	65		

Dependent Detail


Setting Detail

Medicaid Participant:	No	Receive Letter Copies:	Yes
On Hold:	No	Print 'And Dependents':	Yes
Receive Emails:	No	Experienced Event:	Yes
On SS Disability:	No	Include in Address:	Yes
Correspondence Language:	English	Billing Contact:	Yes

User Defined Fields

On this screen, you can view all your information. Upon making an election, you can also make a payment. The first screen is the details screen to view personal data and see specific details including how long you have to elect, typical monthly payment and COBRA enrollment period length.

Contact Screen:

**Ruth, Babe**
PQB

Current Status: Notified Awaiting Response	Qualifying Event Date: 08/26/2019	Paid Through Date: N/A
SSN: 487-87-9525	First Day after Loss of Coverage: 09/01/2019	Current Balance: \$0.00
PQB ID: 487879525	Enrollment Period End Date: 10/30/2019	Typical Monthly Premium: \$659.94
Department: N/A	Last Payment Date: N/A	Last Payment Amount: N/A
Event: Termination	First Possible Term Reason: Non-Commencement	Coverage End Date: 02/28/2021

[Details](#) [Contact](#) [Event](#) [History](#) [Online Election](#)


Contact Information

Address:	125 W Orchard St.	Phone:	(630) 773-2337
	Itasca, IL 60143 USA	Email:	chris@bbp-dac.com

Address: Not Set

The Contact Screen allows you to update your address, phone and add an e-mail by clicking edit.

Event Screen:

**Ruth, Babe**
PQB

Current Status: Notified Awaiting Response	Qualifying Event Date: 08/26/2019	Paid Through Date: N/A
SSN: 487-87-9525	First Day after Loss of Coverage: 09/01/2019	Current Balance: \$0.00
PQB ID: 487879525	Enrollment Period End Date: 10/30/2019	Typical Monthly Premium: \$659.94
Department: N/A	Last Payment Date: N/A	Last Payment Amount: N/A
Event: Termination	First Possible Term Reason: Non-Commencement	Coverage End Date: 02/28/2021

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Qualifying Event Information

This PQB has been notified of Continuation Eligibility

Qualifying Event Description:	Termination
Qualifying Event Date:	8/26/2019
Date Administrator Notified:	8/26/2019

The Event Screen allows you to see your qualifying event.

History Screen:

 **Ruth, Babe**
PQB

Current Status: Notified Awaiting Response Qualifying Event Date: 08/26/2019 Paid Through Date: N/A
SSN: 487-87-9525 First Day after Loss of Coverage: 09/01/2019 Current Balance: \$0.00
PQB ID: 487879525 Enrollment Period End Date: 10/30/2019 Typical Monthly Premium: \$659.94
Department: N/A Last Payment Date: N/A Last Payment Amount: N/A
Event: Termination First Possible Term Reason: Non-Commencement Coverage End Date: 02/28/2021

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Participant History

File Upload

Legend: [Employer Uploaded](#)

Page 1 of 1 Number of records to display 25

Upload Date	File Name	Download	Description
2/23/2019 8:42:46 PM	Unum Life Convertability Form-20190223204246.pdf	View	Unum Life Conversion Notice
2/23/2019 9:52:24 PM	Unum Life Convertability Form-20190223215224.pdf	View	Vision Guide

Page 1 of 1 Number of records to display 25

The History Screen allows you to see all documents that are available to you.

Online Election Screen:

[Details](#) |
 [Contact](#) |
 [Event](#) |
 [History](#) |
 [Online Election](#)

Online Election

Online Enrollment is a process where qualified beneficiaries can elect to continue their coverage by making a full and complete electronic payment. You will be shown the plans offered to you, and can contact your administrator regarding any changes you would like to inquire about.

Your online electronic payment will enroll you in all of the plan(s) that have been offered to you. If you do not wish to enroll in all the plans offered to you or your wish to make changes to your coverage, please contact your plan administrator.

2 plan(s) selected

Select	Plan Code	Plan Description	Coverage Level	Normal Monthly Cost	Select Members				
<input checked="" type="checkbox"/>	DENTAL2	BBP Dental 2	PQB Only	\$102.00	<table border="1"> <thead> <tr> <th>Name</th> <th>D.O.B</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Ruth, Babe</td> <td>01/01/1990</td> </tr> </tbody> </table>	Name	D.O.B	<input checked="" type="checkbox"/> Ruth, Babe	01/01/1990
Name	D.O.B								
<input checked="" type="checkbox"/> Ruth, Babe	01/01/1990								
<input checked="" type="checkbox"/>	MEDICAL00	Medical Plan 001	N/A	\$557.94	<table border="1"> <thead> <tr> <th>Name</th> <th>D.O.B</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Ruth, Babe</td> <td>01/01/1990</td> </tr> </tbody> </table>	Name	D.O.B	<input checked="" type="checkbox"/> Ruth, Babe	01/01/1990
Name	D.O.B								
<input checked="" type="checkbox"/> Ruth, Babe	01/01/1990								

[Reset](#)

Total Initial Payment Due: \$659.94

[Update Cost](#)

*The **Total Initial Payment Due** may not equal the sum of each plan's monthly cost due to partial month's coverage and/or premium rate changes. If you have any questions regarding your payment schedule, please contact your plan administrator.*

I HEREBY REQUEST ENROLLMENT IN THE HEALTH BENEFITS CONTINUATION PLAN FOR MYSELF AND ELIGIBLE QUALIFIED DEPENDENTS INDICATED ON THIS ELECTRONIC ENROLLMENT FORM AND AGREE TO PAY THE PREMIUM AS REQUIRED. I UNDERSTAND THAT CONTINUATION COVERAGE WILL TERMINATE UNDER SEVERAL CIRCUMSTANCES, INCLUDING: THE DATE I OR A CONTINUED DEPENDENT BECOME COVERED UNDER ANOTHER GROUP HEALTH/DENTAL PLAN, BECOME ENTITLED TO MEDICARE, OR ON THE DATE ON WHICH THE GROUP HEALTH/DENTAL PLAN ENDS. I ALSO UNDERSTAND THAT IF I WAS DISABLED WITHIN 80 DAYS OF THE COBRA QUALIFYING EVENT, I MAY BE ELIGIBLE FOR EXTENDED CONTINUATION COVERAGE.

BY SELECTING THIS BOX AND COMPLETING MY ENROLLMENT, I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT.

ACCEPT

[Submit](#)


The Enrollment Screen this is where you can enroll on COBRA. In order to be enrolled on COBRA, you have to enroll and pay. If you only enroll and do not pay, you will not be enrolled on COBRA. Complete the enrollment and from there you can then choose to pay within the timeframe.

To enroll, check the benefits you want and verify the coverage level and dependents covered. Then check the accept box in the box and click submit in the lower right corner.

Payment Screen:

Once you enroll, a green notice will verify your submission. You will then be able to make a payment.

Your online electronic payment will enroll you in all of the plan(s) that have been offered to you. If you do not wish to enroll in all the plans offered to you or you wish to make changes to your coverage, please contact your plan administrator.

 Your enrollment has been submitted. You may make an enrolling payment by clicking [here](#)

Current Status:	Enrolled	Qualifying Event Date:	08/26/2019	Paid Through Date:	09/30/2019
SSN:	487-87-9525	First Day after Loss of Coverage:	09/01/2019	Current Balance:	\$0.00
PQB ID:	487879525	First Possible Termination Date:	11/03/2019	Typical Monthly Premium:	\$659.94
Department:	N/A	Last Payment Date:	08/26/2019	Last Payment Amount:	\$659.94
Event:	Termination	First Possible Term Reason:	Non-Payment	Coverage End Date:	02/28/2021

[Details](#) [Contact](#) [Event](#) [Premiums](#) [History](#)

PQB Accounting Ledger

To make the first payment, choose the link in the green notice box.

To make future payments, choose the Premiums tab

Credit Card Screen:

Please note: the Current Amount Due is pre-populated. The other Payment Amount box is for an additional payment.

Please note: the merchant vendor convenience fee that is due to the credit card vendor.

▼ PQB Accounting Ledger	
Current Amount Due:	\$659.94
Next Premium Due Date:	10/1/2019
Payment Amount:*	\$659.94
Additional Payment:	<input type="text"/>
Payment Type:*	Credit Card Payment ▼
Convenience Fee:	\$30.00
Total Payment:	\$689.94
Credit Card Type:*	Select ▼
Name:*	<input type="text"/>
<i>(as it appears on card)</i>	<input type="text"/>
Credit Card Number:*	<input type="text"/>
Credit Card Expiration:*	01 ▼ 2016 ▼
Credit Card Verification Code:*	<input type="text"/>
Address Line 1:*	<input type="text"/>
Address Line 2:	<input type="text"/>
City:*	<input type="text"/>
State:*	<input type="text"/>
Postal Code:*	<input type="text"/>
I Agree to make this electronic payment and understand that it is still my responsibility to make a full payment by the due date in order to continue benefit plan coverage in the Health Continuation Plan. I	
<input type="checkbox"/> Yes, I agree to these terms.	
<input type="checkbox"/>	
Yes, email payment confirmation to me at the following address	
Email address:	<input type="text" value="chris@bbp-dac.com"/>

Visa and Mastercard Users
Flip your card over and look at the signature box. You should see either the entire 16-digit credit card number or just the last four digits followed by a special 3 digit code. This 3-digit code is your Card Security Code.

American Express Card Users
Look for the 4-digit code printed on the front of your card just above and to the right of your main credit card number. This 4-digit code is your Card Security Code.


Enter Payment

One Time eCheck Payment Screen:

Please note: the Current Amount Due is pre-populated. The other Payment Amount box is for an additional payment.

Please note: the merchant vendor convenience fee that is due to the credit card vendor.

▼ PQB Accounting Ledger	
Current Amount Due:	\$659.94
Next Premium Due Date:	10/1/2019
Payment Amount:*	\$659.94
Additional Payment:	<input type="text"/>
Payment Type:*	eCheck Payment ▼
Convenience Fee:	\$30.00
Total Payment:	\$689.94
Bank Account Type:*	<input checked="" type="radio"/> Checking <input type="radio"/> Savings
Bank Name:*	<input type="text"/>
Bank Routing Number:*	<input type="text"/>
Bank Account Number:*	<input type="text"/>
Name:*	<input type="text"/>
<i>(as it appears on card)</i>	
Address Line 1:*	<input type="text"/>
Address Line 2:	<input type="text"/>
City:*	<input type="text"/>
State:*	<input type="text"/>
Postal Code:*	<input type="text"/>
<input type="checkbox"/> I Agree to make this electronic payment and understand that it is still my responsibility to make a full payment by the due date in order to continue benefit plan coverage in the Health Continuation Plan. I	
<input type="checkbox"/> Yes, I agree to these terms.	
<input type="checkbox"/>	
Yes, email payment confirmation to me at the following address	
Email address:	<input type="text" value="chris@bbp-dac.com"/>



Enter Payment

Automatic ACH Draft:

You can also sign up for automatic ACH Draft. PLEASE NOTE – this is an automatic online ACH draft from your account. Also, this will be for any current payments. ANY PAST PAYMENTS you will have to pay either by check or credit card. See Terms of service.

I understand that this ACH I am signing up for ONLY COVERS THE CURRENT MONTH premium. ACH payments are made pulled for the current month only. ACH payments are pulled the second Wednesday every month. If you sign up for this after the second Wednesday YOU HAVE TO PAY THE CURRENT MONTH BY OTHER MEANS. If you owe back months you are still responsible for paying that via check or credit card. By signing up for auto ACH, You (i) are signing up for automatic payment of your Invoice, (ii) allow us to automatically charge your account in the amount of your monthly invoice, (iii) agree that we or bank can cancel automatic payment for your account at any time, with or without notice to you, (iv) agree that this agreement remains in effect until canceled by you, us or your bank. Your full invoice amount will be deducted from your account each month on the second Wednesday prior to the due date on your invoice.

Automated payments allow the Participant's designated account to be drafted in the amount due each month. To Cancel automated payments you may return to this page and turn off automated payment setup by selecting "Unenroll Auto-Pay."

Bank Account Name:*	<input type="text" value="RuthBabe9176147"/>
Bank Account Code:*	<input type="text" value="RB9176147"/>
Bank Account Type:*	<input checked="" type="radio"/> Checking <input type="radio"/> Savings
Bank Routing Number:*	<input type="text"/>
Bank Routing Number (repeat):*	<input type="text"/>
Bank Account Number:*	<input type="text"/>
Bank Account Number (repeat):*	<input type="text"/>

agree that this agreement remains in effect until canceled by you, us or your bank. Your full invoice amount will be deducted from your account each month on the second Wednesday prior to the due date on your invoice.

Yes, I agree to these terms.



[Turn On Automated Monthly Payments](#)

If you have any questions about your online COBRA experience, please e-mail COBRA@bbpadmin.com.